

DEFENDANT'S EXHIBIT E

Apr. 29. 2009 9:47AM

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

BRETON PETERSEN,**Plaintiff,****vs.****THE CLEVELAND INSTITUTE OF
ART,****Defendant.**

) **CASE NO. 1:08 CV 01217**
)
) **JUDGE SOLOMON OLIVER**
)
)
) **AFFIDAVIT OF BRENDA**
) **PASCHAL**
)
)
)

I, BRENDA PASCHAL, being first duly sworn, do hereby depose and state as follows:

1. I am employed by the Cleveland Institute of Art ("CIA") as the Payroll & Accounting Administrator. As part of my job responsibilities, I have knowledge of the matters stated herein.

2. CIA maintains copies of all work-study students' time sheets. True and accurate copies of the industrial design work-study students' time sheets for the 2006-2007 and 2007-2008 academic years are attached as Exhibit 1. These documents represent information regularly maintained in the course and scope of business.

FURTHER AFFIANT SAYETH NAUGHT.

Brenda Paschal
Brenda Paschal

Sworn to and subscribed before me this 29 day of April, 2009.

Sally Zawatski
Notary Public

SALLY ZAWATSKI
NOTARY PUBLIC, STATE OF OHIO
Recorded in Lake County
My Comm. Expires Dec. 7, 2009

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Katherine Hay SOCIAL SECURITY# 274427585

 MONTH October YEAR 2006 DEPT./ORG. ID

 DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
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DATE	IN	OUT	IN	OUT	TOTAL HOURS
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29	6p	11p			3
30	6p	11p			5
31					

 Total Hours for Month 8
 Rate/Hour 7.00
 Total Amount 56.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Max HoyleSOCIAL SECURITY# 590393361MONTH October YEAR 2006DEPT./ORG. IDDEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 6Rate/Hour 7.00Total Amount 42.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Ryan Patrick JoyceSOCIAL SECURITY# 171706439MONTH October YEAR 2006DEPT./ORG. IDDEPT./ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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31	5p	11p			6

Total Hours for Month 6Rate/Hour 7.00Total Amount 42.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Krysti Schneider SOCIAL SECURITY# 270884053MONTH October YEAR 2006 DEPT./ORG. IDDEPT./ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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DATE	IN	OUT	IN	OUT	TOTAL HOURS
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27	6p	11p			5
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Total Hours for Month 10Rate/Hour 7.50Total Amount 75.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.



SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Laura VodzakSOCIAL SECURITY# 213156697MONTH October YEAR 2006DEPT./ORG. IDDEPT./ORG. ACCOUNT# 111010950031

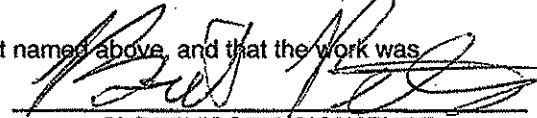
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Total Hours for Month 20
 Rate/Hour 7.00
 Total Amount 140.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Katherine Hox SOCIAL SECURITY# 274-82-7585MONTH November YEAR 2006 DEPT./ORG. I.D.DEPT./ORG. ACCOUNT# 111010450031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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DATE	IN	OUT	IN	OUT	TOTAL HOURS
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26	6p	11p			5
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Total Hours for Month 20
 Rate/Hour 7.00
 Total Amount 140.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bob Peterson
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Max Hoyle SOCIAL SECURITY# 599-11-1999MONTH November YEAR 2006 DEPT./ORG. I.D.DEPT./ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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14	004		5.00	+	
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DATE	IN	OUT	IN	OUT	TOTAL HOURS
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26	12p	5p			5
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Total Hours for Month 20
 Rate/Hour 7.00
 Total Amount 140.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bert Petersen
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Ryan Patrick JoyceSOCIAL SECURITY# 171-70-6439MONTH Nov. YEAR 2006DEPT./ORG. I.D.DEPT./ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 4
 Rate/Hour 7.00
 Total Amount 28.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bert Petersen

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Brian PetersonSOCIAL SECURITY# 590-39-3361MONTH November YEAR 2006DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 12.5
 Rate/Hour 7.00
 Total Amount 87.5

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Brian Peterson
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Krysti Scheider SOCIAL SECURITY# 270-88-4053MONTH November YEAR 2006 DEPT./ORG. I.D.DEPT./ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

supervisor.											
DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1	6p	11p			5	17	6p	11p			5
2						18	8a	1p			5
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4						20					
5	000					21	6p	11p			5
6			0.00	*		22					
7	#12152006					23					
8			5.00	+		24					
9			5.00	+		25	8a	1p			5
10			5.00	+	5	26					
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13			35.00	*		29					
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Total Hours for Month 35
 Rate/Hour 7.50
 Total Amount 262.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bert Petersen
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Laura Vodzak

 SOCIAL SECURITY# 213-15-6697

 MONTH November YEAR 2006

 DEPT./ORG. I.P.

 DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
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29	6p	10p			4
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 Total Hours for Month 13
 Rate/Hour 7.00
 Total Amount 91.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Peterson
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME LAURA TAYLOR

 SOCIAL SECURITY# 275 90 6260

 MONTH November YEAR 2006

 DEPT./ORG. Communication Design

 DEPT/ORG. ACCOUNT# 1110108

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT			E	IN	OUT	IN	OUT	TOTAL HOURS
1	4 pm	7 pm								
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7				6.00 +						
8	4 pm	7 pm		3.00 +						
9	7	9		2.00 +						
10				1.00 +						
11	2 pm	3 pm		6.00 +						
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14				39.00 *		4	7			3
15	4 pm	7 pm				7	9			2
16	7:00	9:00								

 Total Hours for Month 39

 Rate/Hour \$8.50

 Total Amount \$331.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Delores - Mari has broken her wrist, so I signed this.

[Signature]

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

I'm the T.A. in Communication Design

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE LAB Monitor

 NAME LAURA TAYLOR SOCIAL SECURITY# 257 906 260

 MONTH December YEAR 2006 DEPT./ORG. Communication Design

 DEPT./ORG. ACCOUNT# 1112108

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

supervisor.	DATE	IN	OUT	IN	OUT	TOTAL HOURS
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10		12 ⁰⁰	6 ⁰⁰			6
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27				3:00 +	
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 Total Hours for Month 23
 Rate/Hour \$8.50
 Total Amount \$195.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Katherine Hoy

SOCIAL SECURITY# _____

MONTH December YEAR 2006DEPT./ORG. IDDEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

supervisor. DATE	IN	OUT	IN	OUT	TOTAL HOURS
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26		5:00	+		
27	002				
28		10:00	*		
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Total Hours for Month 10Rate/Hour 7Total Amount 70.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Max Hoyle SOCIAL SECURITY# 599-11-1999

 MONTH December YEAR 2006 DEPT./ORG. ID

 DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
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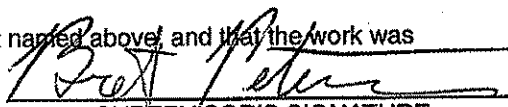
DATE	IN	OUT	IN	OUT	TOTAL HOURS
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 Total Hours for Month 9

 Rate/Hour 7

 Total Amount 63.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Brian Peterson SOCIAL SECURITY# 590-39-3361MONTH December YEAR 2006 DEPT./ORG. IDDEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 2.5
 Rate/Hour 7
 Total Amount 17.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Brian Peterson
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Krysti Scheider SOCIAL SECURITY# 270-88-4053
 MONTH January YEAR 2007 DEPT./ORG. ID
111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

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0.0
 4.25 +
 4.25 +
 5.00 +
 4.75 +
 18.25 +

1 Hours for Month 18.25
 Rate/Hour 7.50
 Total Amount 136.88

I certify that this is a true statement of the hours worked by the student named above and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor

NAME Krysti Scheider SOCIAL SECURITY# 270-88-4053

MONTH December YEAR 2006 DEPT./ORG. ID

DEPT/ORG. ACCOUNT# 111010950031

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DATE	IN	OUT	IN	OUT	TOTAL HOURS
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DATE	IN	OUT	IN	OUT	TOTAL HOURS
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23:00

Total Hours for Month 23
Rate/Hour 7.50
Total Amount 172.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Laura Vedzak SOCIAL SECURITY# 213-15-6697
 MONTH December YEAR 2006 DEPT./ORG. ID
111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1						17					
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6	6p	11p			5	22					
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10						26					
11						27					
12						28					
13	7p	11p			4	29					
14						30					
15						31					
16											

Total Hours for Month 9
 Rate/Hour 7.00
 Total Amount 63.00

I certify that this is a true statement of the hours worked by the student named above and that the work was performed satisfactorily.

Bret Peterson
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Max Hoyle SOCIAL SECURITY# 599-11-1999
 MONTH January YEAR 2007 DEPT./ORG. IP
11010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
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6	000				
7			0-00	*	
8	#2152007				
9			4-75	+	
10	002		5-00	+	
11			9-75	*	
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15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20					
21	12:15 p	5 p			4.75
22					
23					
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25					
26					
27					
28	12 p	5 p			5
29					
30					
31					

Total Hours for Month
 Rate/Hour
 Total Amount

9.75
7.00
68.25

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Petersen
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME LAURA TAYLOR SOCIAL SECURITY# _____

 MONTH JANUARY YEAR 2007 DEPT./ORG. Graphic Design

 DEPT./ORG. ACCOUNT# 1110108

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
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 1-50 +
 5-00 +
 4-00 +
 10-50 +

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20					
21					
22					
23					
24					
25	12:00 PM	1:30 PM			1.5
26					
27					
28	1 PM	6 PM			5
29					
30	1 PM	5 PM			4
31					

 Total Hours for Month 10.5
 Rate/Hour \$8.50
 Total Amount \$89.25

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above: (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Laura Vozzak SOCIAL SECURITY# 213-15-6697
 MONTH January YEAR 2007 DEPT./ORG. ID
111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
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DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
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22					
23					
24	6p	10p			4
25					
26					
27					
28					
29					
30					
31	7p	10p			3

Total Hours for Month 7
 Rate/Hour 7.00
 Total Amount 49.00

I certify that this is a true statement of the hours worked by the student named above and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Abby Bickel

SOCIAL SECURITY# _____

 MONTH Feb. YEAR 2007

 DEPT./ORG. I.D.

 DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

supervisor. DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3		000		0-00 *	
4					
5		#3152007		5-00 +	
6	7p			4-50 +	
7				5-00 +	
8		004		5-00 +	
9				19-50 *	
10					
11					
12					
13	7p	11:30p			4.5
14					
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20	7p	12a			5
21					
22					
23					
24					
25					
26					
27	7p	12a			5
28					
29					
30					
31					

 Total Hours for Month 19.5

 Rate/Hour 7.00

 Total Amount 136.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Omar Hernandez SOCIAL SECURITY# 277-88-9680MONTH Feb. YEAR 2007 DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	TOTAL HOURS
1			
2			
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4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15	7p	11p	4
16			

DATE	IN	OUT	TOTAL HOURS
17			
18			
19			
20			
21			
22	7:30p	12:30a	5
23			
24			
25			
26			
27			
28			
29			
30			
31			

Total Hours for Month 13.75
 Rate/Hour 7.00
 Total Amount 96.25

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Max HoyleSOCIAL SECURITY# 599-11-1999MONTH Feb. YEAR 2007DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4	12p	5p			5
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11	12				
12	003				
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DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18	12:15p	5:15p			5
19					
20					
21					
22					
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28					
29					
30					
31					

Total Hours for Month 14.75
 Rate/Hour 7.00
 Total Amount 103.25

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bert Peter
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Krysti Scheider SOCIAL SECURITY# 270-48-4053

 MONTH Feb, YEAR 2007 DEPT./ORG. I.D.

 DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2	6p	11p			5
3	9a	1:45p			4.75
4					
5					
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9	6p	11			
10	9a				
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16	6p	11			

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17	9a	2p			5
18					
19					
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22					
23	6p	10:15p			4.25
24	9a	3p			6
25					
26					
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 Total Hours for Month 39.5
 Rate/Hour 7.50
 Total Amount 296.25

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Joe Spalding SOCIAL SECURITY# 273-90-8957MONTH Feb YEAR 2007 DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

supervisor. DATE	IN	OUT	TOTAL
1			
2			
3			000
4			0-00 *
5			#3152007
6	6:45p		4-25 +
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10			004
11			17-25 *
12			
13	6:45p	10:45p	4
14			
15			
16			

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20	7p	11p			4
21					
22					
23					
24					
25					
26					
27	7p	12a			5
28					
29					
30					
31					

Total Hours for Month 17.25
 Rate/Hour 7.00
 Total Amount 120.75

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE LAB MonitorNAME LAURA TAYLORSOCIAL SECURITY# 275 90 6260MONTH February YEAR 2007DEPT./ORG. Graphic DesignDEPT./ORG. ACCOUNT# 1110108Sorry, unsure...

Return the t

supervisor.
DATE

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TOTAL
HOURS

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4-00 +

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Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	TOTAL HOURS
1			
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11	1 PM	6 PM	5
12			
13	1 PM	5 PM	4
14			
15			
16			

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18	1 PM	6 PM			5
19					
20	1 PM	5 PM			4
21					
22					
23					
24					
25	2 PM	7 PM			5
26					
27	1 PM	5 PM			4
28					
29					
30					
31					

Total Hours for Month

Rate/Hour

Total Amount

35

8.50

297.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Laura Vodzak SOCIAL SECURITY# 213-15-6697MONTH Feb. YEAR 2007 DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4		000			0.00 *
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6		#3152007			3.00 +
7		001			3.00 *
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DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28	7p	10p			3
29					
30					
31					

Total Hours for Month 3
 Rate/Hour 7.00
 Total Amount 21.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Peter
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Leda Remmert

SOCIAL SECURITY# _____

 MONTH February YEAR 2007

 DEPT./ORG. Industrial Design
11010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1						17					
2						18	5p	10p			5
3						19					
4	5p	10p			5	20					
5						21					
6						22					
7						23					
8		000				24					
9				0-00 *		25	5p	10p			5
10		*41.307				26					
11	5p			5-00 +	5	27					
12				5-00 +		28					
13				5-00 +		29					
14		004		20-00 *		30					
15						31					
16											

Total Hours for Month	<u>20</u>
Rate/Hour	<u>7.00</u>
Total Amount	<u>140.00</u>

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bert Petersen
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Abby Bickel SOCIAL SECURITY# _____
 MONTH March YEAR 2007 DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
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12	#41307				
13					
14	003				
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20	7p	12a			5
21					
22					
23					
24					
25					
26					
27	7p	12a			5
28					
29					
30					
31					

Total Hours for Month 15
 Rate/Hour 7.00
 Total Amount 105

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Omar Hernandez SOCIAL SECURITY# 277-88-9680

 MONTH March YEAR 2007 DEPT./ORG. Industrial Design
111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1	7p	2a			6	17					
2						18					
3						19					
4						20					
5						21					
6						22	7p	1:30a			6.5
7						23					
8	7p	1:15a			5.25	24					
9						25					
10						26					
11						27					
12	000					28					
13	000					29	7:15p	1:30a			6.25
14						30					
15	#41307					31					
16											

004

24.00 *

 Total Hours for Month 24
 Rate/Hour 7.00
 Total Amount 168

 I certify that ti
 performed sati

rs worked by the student named above and that the work was

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Max Hoyle SOCIAL SECURITY# 599-11-1999
 MONTH March YEAR 2007 DEPT./ORG. Industrial Design
111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1						17					
2						18	1p	6:15p			5.25
3						19					
4	1p	5:45p			4.75	20					
5						21					
6						22					
7						23					
8		000				24					
9				0.00 *		25	12p	5:15p			5.25
10		#41307				26					
11				4.75 +		27					
12				5.25 +		28					
13		003		5.25 +		29					
14				15.25 *		30					
15						31					
16											

Total Hours for Month 15.25
 Rate/Hour 7.00
 Total Amount 106.75

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Peterson
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Leda Remmert SOCIAL SECURITY# 111010950031
 MONTH March YEAR 2007 DEPT./ORG. Industrial Design

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
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5					
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9	000				
10			0-00	*	
11	#41307		5-00	+	
12			5-00	+	
13	002		10-00	*	
14					
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16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20					
21					
22					
23					
24					
25	5p	10p			5
26					
27					
28					
29					
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31					

Total Hours for Month 10
 Rate/Hour 7.00
 Total Amount 70.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Peterson
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab MonitorNAME Krysti ScheiderSOCIAL SECURITY# 270-48-4053MONTH MarchYEAR 2007DEPT./ORG. Industrial Design
11010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1						17					
2	7:15p	11:15p			4	18					
3	10a	3p			5	19					
4						20					
5						21					
6						22					
7						23	5p	10p			5
8	000					24	9am	3p			6
9			0-00 *		3	25					
10	#41307				5.5	26					
11			4-00 +			27					
12			5-00 +			28					
13			3-00 +			29					
14			5-50 +			30	5p	9p			4
15			5-00 +			31	10a	12:30p			2.5
16	008		6-00 +								
			4-00 +								
			2-50 +								
			35-00 *								

Total Hours for Month 35
 Rate/Hour 7.50
 Total Amount 262.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Joe Spalding SOCIAL SECURITY# 273-90-8957MONTH March YEAR 2007 DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1						17					
2						18					
3						19	6p	11p			5
4						20					
5						21					
6	000					22					
7			0-00	*		23					
8	*41307					24					
9			5-00	+		25					
10	002		5-25	+		26	7:15p	12:30a			5.25
11			10-25	*		27					
12						28					
13						29					
14						30					
15						31					
16											

Total Hours for Month 10.25
 Rate/Hour 7.00
 Total Amount 71.75

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE LAB Monitor

NAME LAURA TAYLOR SOCIAL SECURITY# 275906260
 MONTH March YEAR 2007 DEPT./ORG. Communication Des.
 DEPT./ORG. ACCOUNT# 1110108

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4	2pm	7:00 pm			5
5					
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10	000		0-00	*	
11	*41307				
12			5-00	+	
13			4-00	+	
14			4-00	+	
15			1-50	+	
16			5-00	+	
17			4-00	+	
18					
19					
20	1pm	5pm			4
21					
22					
23	5pm	6:30pm			1.5
24					
25	1pm	6pm			5
26					
27	1pm	5pm			4
28					
29					
30					
31					
16	006				
			23-50	*	

Total Hours for Month 23.5
 Rate/Hour 8.00
 Total Amount 188.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab MonitorNAME Laura Vodzak SOCIAL SECURITY# 213-15-6697MONTH March YEAR 2007 DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4					
5					
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7	7p	10p			3
8					
9					
10					
11	000				
12			0:00	*	
13	*41307				
14			3:00	+	
15			3:00	+	
16	003		3:00	+	
			9:00	*	

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20					
21	7p	10p			3
22					
23					
24					
25					
26					
27					
28	7p	10p			3
29					
30					
31					

Total Hours for Month 9
Rate/Hour 7.00
Total Amount 63.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Peterson
SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Leda RemmertSOCIAL SECURITY# 288-88-0471MONTH April YEAR 2007DEPT./ORG. I.D.DEPT./ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
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Total Hours for Month 5
 Rate/Hour 7.00
 Total Amount 35.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Krysti Scheider SOCIAL SECURITY# 270-48-4053MONTH April YEAR 2007 DEPT./ORG. I. D.DEPT./ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 23
 Rate/Hour 7.50
 Total Amount 172.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE LAB MonitorNAME LAURA TAYLOR SOCIAL SECURITY# 275 906260MONTH April YEAR 07 DEPT./ORG. Graphic Design

DEPT./ORG. ACCOUNT# _____

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 39.75
 Rate/Hour 8.50
 Total Amount \$337.87

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Petersen
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Laura VodzakSOCIAL SECURITY# 213-15-6697MONTH April YEAR 2007DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the

Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month

7.5

Rate/Hour

7.00

Total Amount

52.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Beth Petersen
SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

PINK COPY - SUPERVISORS

YELLOW COPY - FINANCIAL AID

WHITE COPY - PAYROLL

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Abby Bickel SOCIAL SECURITY# _____MONTH September YEAR 2007 DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 39
 Rate/Hour 7.50
 Total Amount 292.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bob Petersen
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor

NAME Craig Bucurel SOCIAL SECURITY# _____

MONTH Sept. YEAR 2007 DEPT./ORG. I.D.

DEPT/ORG. ACCOUNT# 111010950031

Return the top two

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Total Hours for Month 11.25
 Rate/Hour 7.50
 Total Amount \$84.38

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Peterson
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Justin Gargasz SOCIAL SECURITY# _____MONTH Sept. YEAR 2007 DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 30
 Rate/Hour 7.50
 Total Amount 225

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bert Petersen
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Max Hoyle

SOCIAL SECURITY# _____

MONTH September YEAR 2007DEPT./ORG. I.D.DEPT./ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 25Rate/Hour 7.50Total Amount 187.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bert Peterson

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Steven Kobak SOCIAL SECURITY# _____

 MONTH Sept. YEAR 2007 DEPT./ORG. I.D.

 DEPT./ORG. ACCOUNT# 111010950031

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Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month

6.25

Rate/Hour

7.50

Total Amount

46.88

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Brett Petersen

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Leda Remmert

SOCIAL SECURITY# _____

MONTH Sept YEAR 2007DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 5.25
 Rate/Hour 7.50
 Total Amount 39.38

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bert Peterson

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Steven Riss

SOCIAL SECURITY# _____

MONTH Sept YEAR 2007DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month

23.5

Rate/Hour

7.50

Total Amount

176.25

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

PINK COPY - SUPERVISORS

YELLOW COPY - FINANCIAL AID

WHITE COPY - PAYROLL

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab MonitorNAME Abby Bickel SOCIAL SECURITY# _____MONTH October YEAR 2007 DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
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16											

Total Hours for Month 43
Rate/Hour 7.50
Total Amount 322.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Burt Peterson
SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Craig Bucurel SOCIAL SECURITY# _____MONTH October YEAR 2007 DEPT./ORG. _____DEPT./ORG. ACCOUNT# I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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23	8pm	1:45am	5.75
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30	8pm	9pm	1
31			

Total Hours for Month 22.75 ✓
 Rate/Hour 7.50
 Total Amount 170.63

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Pote
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE

Lab Monitor

NAME

Justin Gargasz

SOCIAL SECURITY#

MONTH

October

YEAR

2007

DEPT./ORG.

I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

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29	5pm	11pm			6
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31					

Total Hours for Month

37

Rate/Hour

7.50

Total Amount

277.50

I certify that this is a true statement of the hours worked by the student named above and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Max Hoyle

SOCIAL SECURITY# _____

MONTH October YEAR 2007DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031Return the
supervisor's

Financial Aid Office by the first of the next month. Pink copy is for the

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28	6pm	12am			6
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Total Hours for Month 23Rate/Hour 7.50Total Amount 172.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

PINK COPY - SUPERVISORS

YELLOW COPY - FINANCIAL AID

WHITE COPY - PAYROLL

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Steven Kobak SOCIAL SECURITY# _____MONTH October YEAR 2007 DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 4Rate/Hour 7.50Total Amount 30.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Leda Remmert

SOCIAL SECURITY# _____

MONTH October YEAR 2007DEPT./ORG. I. D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

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Total Hours for Month 13.5Rate/Hour 7.50Total Amount 101.25

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Steve Riss

SOCIAL SECURITY# _____

MONTH October YEAR 2007DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

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Total Hours for Month

12.5

Rate/Hour

7.50

Total Amount

93.75

I certify that this is a true statement of the hours worked by the student named above and that the work was performed satisfactorily.

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Abby Bickel

SOCIAL SECURITY# _____

MONTH November YEAR 2007DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets to your supervisor.

Office by the first of the next month. Pink copy is for the

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28	6p	11p	5
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30	6p	7p	1
31			

Total Hours for Month

31

Rate/Hour

7.50

Total Amount

232.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Craig Buechel SOCIAL SECURITY# _____
 MONTH November YEAR 2007 DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1						17					
2						18					
3						19					
4						20					
5						21					
6	000					22					
7			0:00	*		23					
8	#121507					24					
9	001		2:00	*		25					
10			2:00	*		26					
11						27	9p	11p			2
12						28					
13						29					
14						30					
15						31					
16											

Total Hours for Month 2
 Rate/Hour 7.50
 Total Amount 15.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Justin Gargasz

SOCIAL SECURITY# _____

MONTH November YEAR 2007DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1	9p	12a			3	17					
2						18					
3						19	5p	11p			6
4						20					
5	9p				000 3	21					
6					*121507	22					
7					3-00 ÷	23					
8	9p				3-00 ÷	24					
9					6-00 ÷	25					
10					3-00 ÷	26	5p	12a			7
11					6-00 ÷	27					
12	5p				7-00 ÷	28					
13					3-00 ÷	29	9p	12a			3
14					34-00 *	30					
15	9p	12a			3	31					
16											

Total Hours for Month 34Rate/Hour 7.50Total Amount 255.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Brett Peters
SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Max Hoyle SOCIAL SECURITY# _____

 MONTH November YEAR 2007 DEPT./ORG. Industrial Design

 DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4	6p	12a			6
5					
6					
7					
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9					
10					
11	6				2
12					
13					
14					
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18	4p	12a			4
19					
20					
21					
22					
23					
24					
25	6p	12a			6
26					
27					
28					
29					
30					
31					

 Total Hours for Month 22
 Rate/Hour 7.50
 Total Amount 165.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Steven Kobak SOCIAL SECURITY# _____MONTH November YEAR 2007 DEPT./ORG. ID. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1						17					
2						18	6p	12a			
3						19					
4						20					
5						21					
6						22					
7						23					
8	000					24					
9			0.00	*		25					
10	*121507					26					
11	001		4.00	*		27					
12			4.00	*		28					
13						29					
14						30					
15						31					
16											

Total Hours for Month 4
 Rate/Hour 7.50
 Total Amount 30.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Leda Remmert SOCIAL SECURITY# _____
 MONTH November YEAR 2007 DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1	6p	11p			5	17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8	9:30p	12:00			2:30	24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16											

Total Hours for Month 8
 Rate/Hour 7.50
 Total Amount 60.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bruce Petersen
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Steve Riss SOCIAL SECURITY# _____
 MONTH November YEAR 2007 DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1						17	12p	6p			6
2						18					
3	12p	6p			6	19					
4						20					
5						21					
6						22					
7			000		0.00 *	23					
8						24	1p	2p			1
9			#121507		6.00 +	25					
10	1p	6p			5.00 +	26					
11					6.00 +	27					
12			004		1.00 +	28					
13					18.00 *	29					
14						30					
15						31					
16											

Total Hours for Month 18
 Rate/Hour 7.50
 Total Amount 135.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bert Riss
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Abby Bickel SOCIAL SECURITY# _____
 MONTH December YEAR 2007 DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS	DATE	IN	OUT	IN	OUT	TOTAL HOURS
1						17					
2						18					
3			000			19					
4					0.00 *	20					
5	6p	11	*11508		5.00 +	21					
6					5.00 +	22					
7	6p	11	003		2.00 +	23					
8					12.00 *	24					
9						25					
10						26					
11						27					
12						28					
13						29					
14	6p	8p			2	30					
15						31					
16											

Total Hours for Month 12
 Rate/Hour 7.50
 Total Amount 90.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Justin Gargasz SOCIAL SECURITY# _____
 MONTH December YEAR 2007 DEPT./ORG. I.D. 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the supervisor.

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3	5p	10p			5
4					
5					
6					
7					
8					
9					
10	5p	11p			6
11					
12					
13					
14	9p	12a			3
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
000		0-00 *			
11508		5-00 +			
		6-00 +			
		3-00 +			
003		14-00 *			
29					
30					
31					

Total Hours for Month 14
 Rate/Hour 7.50
 Total Amount 105.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Max Hoyle

SOCIAL SECURITY# _____

MONTH December YEAR 2007DEPT./ORG. Industrial DesignDEPT/ORG. ACCOUNT# 11010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2	6p	11p			5
3					
4					
5					
6					
7					
8					
9	6p	12a			6
10					
11					
12					
13					
14					
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
1					
1					
2	000				
2		0:00 *			
2	*111508				
2		5:00 +			
2		6:00 +			
2	002				
2		11:00 *			
2					
2					
2					
29					
30					
31					

Total Hours for Month 11Rate/Hour 7.50Total Amount \$2.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Abby Bickel

SOCIAL SECURITY# _____

 MONTH January YEAR 2008

 DEPT./ORG. Incl. Design

 DEPT/ORG. ACCOUNT# 111010450031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

supervisor. DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4					
5	000				
6			0:00	*	
7	121508				
8			5:00	+	
9			5:00	+	
10			5:00	+	
11	005		4:00	+	
12			24:00	+	
13					
14					
15					
16	6p	11p			5

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18	6p	11p			5
19					
20					
21					
22					
23					
24	6p	11p			5
25	6p	11p			5
26					
27					
28					
29					
30	7c	11p			4
31					

 Total Hours for Month 24

 Rate/Hour 7.50

 Total Amount 180.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

But Peters
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

PINK COPY - SUPERVISORS

YELLOW COPY - FINANCIAL AID

WHITE COPY - PAYROLL

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Max Hoyle SOCIAL SECURITY# _____

 MONTH January YEAR 2009 DEPT./ORG. Ind. Design

 DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4					
5	000				
6			0-00	*	
7	21508				
8	001		6-00	*	
9			6-00	*	
10					
11					
12					
13					
14					
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28	6p	12a			6
29					
30					
31					

 Total Hours for Month 6

 Rate/Hour 7.50

 Total Amount 45.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

 POSITION TITLE Lab Monitor

 NAME Leda Remmert

SOCIAL SECURITY# _____

 MONTH January YEAR 2009

 DEPT./ORG. Ind. Design

 DEPT./ORG. ACCOUNT# 11010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4					
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6					
7	000		0-00	*	
8					
9	21508		4-00	+	
10			2-00	+	
11			1-00	+	
12	003		7-00	*	
13					
14					
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17	7:30	11:30			4
18					
19					
20					
21					
22					
23					
24	7:45p	9:45p			2
25					
26					
27					
28					
29					
30					
31	6p	7p			1

 Total Hours for Month 7.0

 Rate/Hour 7.50

 Total Amount 52.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Petersen
SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Abby Bickel

SOCIAL SECURITY# _____

MONTH Feb. YEAR 2006DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1	6p	11p			5
2					
3					
4					
5					
6					4.5
7					
8					
9			0:00	*	
10			5:00	+	
11			4:50	+	
12			4:50	+	
13			5:00	+	
14			5:00	+	4.5
15			5:00	+	5
16			39:00	*	

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20	6p	11p			5
21					
22					
23	6p	11p			5
24					
25					
26					
27	6p	11p			5
28					
29	6p	11p			5
30					
31					

Total Hours for Month 39Rate/Hour 7.50Total Amount 292.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

PINK COPY - SUPERVISORS

YELLOW COPY - FINANCIAL AID

WHITE COPY - PAYROLL

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Max Hoyle

SOCIAL SECURITY# _____

MONTH Feb YEAR 2004DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
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5					
6					
7					
8					
9	2:15	4p			5.75
10					
11	6:15	12a			5.75
12					
13					
14					
15					
16					

+41508
000

0.00 *

5.75 +
5.75 +
6.00 +
5.50 +

23.00 *

I certify that I
performed the

004

I certify that I
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DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18	6p	12a			6
19					
20					
21					
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23					
24					
25	6:30	12a			5.5
26					
27					
28					
29					
30					
31					

Total Hours for Month 23
Rate/Hour 7.50
Total Amount 172.50

worked by the student named above, and that the work was

SUPERVISOR'S SIGNATURE

hours shown above. (Student signs when picking up paycheck)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Leda Remmert

SOCIAL SECURITY# _____

MONTH Feb YEAR 2009DEPT./ORG. I.D.DEPT/ORG ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4					
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6					
7	<u>7¹⁵</u>				
8					
9					
10					
11					
12					
13					
14	<u>6:30</u>	<u>12:15</u>			<u>5.75</u>
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17	<u>7</u>	<u>11:30</u>			<u>4.5</u>
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28	<u>6:30</u>	<u>12:30</u>			<u>6</u>
29					
30					
31					

Total Hours for Month 19.25
 Rate/Hour 7.50
 Total Amount 144.38

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Steven Riss SOCIAL SECURITY# _____MONTH Feb YEAR 2008 DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
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2

DATE	IN	OUT	IN	OUT	TOTAL HOURS
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20					
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22					
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24					
25					
26					
27					
28					
29					
30					
31					

12p 5p

5

Total Hours for Month 12
 Rate/Hour 7.50
 Total Amount 90.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEET

POSITION TITLE Lab Monitor
 NAME Max Hoyle SOCIAL SECURITY# _____
 MONTH March YEAR 2008 DEPT./ORG. I.D.
 DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3	6p	12a			6
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17	6p	1:40a			7.75
18					
19					
20					
21					
22					
23					
24	6p	12a			6
25					
26					
27					
28					
29					
30					
31	6p	12a			6

Total Hours for Month 25.75
 Rate/Hour 7.50
 Total Amount 193.13

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Abby Bickel SOCIAL SECURITY# _____MONTH March YEAR 2008 DEPT./ORG. I.D.DEPT./ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4					
5	6p	11p			5
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19	6p	11p			5
20					
21					
22					
23					
24					
25					
26	6p	11p			5
27					
28	6p	11p			5
29					
30					
31					

Total Hours for Month 20
 Rate/Hour 7.50
 Total Amount 150.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

[Signature]
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Steven Riss

SOCIAL SECURITY# _____

MONTH March YEAR 2008DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1	12p	5p			5
2					
3					
4					
5					
6					
7					
8					5
9					
10					
11	#41508				
12			0:00		
13			5:00	+	
14			5:00	+	
15			6:00	+	
16			5:00	+	
17			21:00	+	

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20					
21					
22	12p	6p			6
23					
24					
25					
26					
27					
28					
29	12p	5p			5
30					
31					

Total Hours for Month

21

Rate/Hour

7.50

Total Amount

157.50

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

PINK COPY - SUPERVISORS

YELLOW COPY - FINANCIAL AID

WHITE COPY - PAYROLL

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Abby Bickel

SOCIAL SECURITY# _____

MONTH April YEAR 2008DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2	6p	11p			4
3					
4	#61508				
5				0.0	
6				4.00 +	
7				5.00 +	
8				2.50 +	
9				5.00 +	
10				5.00 +	5
11	007			4.00 +	
12				30.50 +	2.5
13					
14					
15					
16	6p	11p			5

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18	6p	11p			5
19					
20					
21					
22					
23	6p	11p			5
24					
25					
26					
27					
28					
29					
30	7p	11p			4
31					

Total Hours for Month 30.5
 Rate/Hour 7.50
 Total Amount 228.75

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Bret Peter
 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Max Hoyle

SOCIAL SECURITY# _____

MONTH April YEAR 2004DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

supervisor. DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4					
5					
6					
7	6				6
8				0.00	
9				6.00 +	
10				6.00 +	
11					
12				12.00	
13					
14	6p	12a			6
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total Hours for Month 12Rate/Hour 7.50Total Amount 90.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.


 SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)

CLEVELAND INSTITUTE OF ART WORK-STUDY TIME SHEETPOSITION TITLE Lab MonitorNAME Steven Riss

SOCIAL SECURITY# _____

MONTH April YEAR 2008DEPT./ORG. I.D.DEPT/ORG. ACCOUNT# 111010950031

Return the top two sheets of this form to the Financial Aid Office by the first of the next month. Pink copy is for the

supervisor. DATE	IN	OUT	IN	OUT	TOTAL HOURS
1					
2					
3					
4					
5					5
6	#61508				
7				0.00	
8				5.00 +	
9				5.00 +	
10				5.00 +	
11	004			5.00 +	
12	1-2p	2p			5
13					
14					
15					
16					

DATE	IN	OUT	IN	OUT	TOTAL HOURS
17					
18					
19	12p	5p			5
20					
21					
22					
23					
24					
25					
26	12p	5p			5
27					
28					
29					
30					
31					

Total Hours for Month 20Rate/Hour 7.50Total Amount 150.00

I certify that this is a true statement of the hours worked by the student named above, and that the work was performed satisfactorily.

Robert Peter
SUPERVISOR'S SIGNATURE

I certify that I have received my paycheck for the hours shown above. (Student signs when picking up paycheck in the Business Office.)